

<u>Application</u> <b>Arborist License</b>	<b>CITY OF FRANKLIN</b> 430 Thirteenth Street Franklin, PA. 16323	For the Year 2016  Fee \$25.00 (Annually)
The following information is necessary for our records and will be held in the strictest confidence. <b>ALL QUESTIONS MUST BE ANSWERED IN FULL.</b> Use Reverse side if necessary.		
Federal Account Number or Social Security Number		Type of Organization (CHECK ONE) Individual Proprietorship <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Fiduciary <input type="checkbox"/> Partnership <input type="checkbox"/>
Name of Business	Address (Street, City, State, Zip Code)	Business Phone Number
Owners Name	Address (Street, City, State, Zip Code)	Phone Number
Type of Business		Mercantile License Number
<u>Proof of Insurance MUST BE ATTACHED</u> \$300,000.00 Liability (minimum) \$25,000.00 Property Damage (minimum)	Insurance Effective Date	Insurance Expiration Date
Insurance Company		Insurance Policy Number
<b>I certify that all the information and statements are true and correct to the best of my information knowledge and belief.</b>		
SIGNATURE		DATE
<b><u>FOR OFFICE USE ONLY</u></b>		
CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/>		ARBORIST LICENSE NUMBER
DATE RECEIVED BY		